

## **Application Instructions for Firearms Purchaser ID Card And/or Handgun Purchase Permit**

NOTE: *Providing false information on the application is a crime of the third degree.*

### **Page 1-Application: (STS)-33 Firearms Purchaser I.D. Card**

**This form can also be filled out and printed online at:**

<http://www.state.nj.us/njsp/info/pdf/firearms/sts-033.pdf>

Print CLEARLY or type the application form. Answer all questions and provide explanation where necessary. If a question does not apply, indicate with N/A. Section (10), which refers to **Distinguishing Physical Characteristics** means scars, birthmarks, tattoos, and their location. It does not apply to eyeglasses, baldness, beards, etc.

References must be person(s) who **are not relatives** and who **do not reside** with you. There can not be 2 references from the same household. You must provide full names, phone number and full address including zip codes. I will send letters of reference to your 2 listed references.

### **Page 2-Request for Criminal History**

**This form is to be completed ONLY if you have been finger printed within the last 5 years for Firearms purposes.**

Online filing is available at the NJ State website for speed and convenience.

Log onto <https://www.njportal.com/njsp/criminalrecords/> and click ON LINE FORM 212A, (highlighted block on the lower left side of the page)

Insert ORI number **NJ0122100**

Follow the prompts for demographic and payment information.

Upon completion of the form you will receive an email Confirmation & Receipt That will include a confirmation number.(Keep for your records)

### **Page 3-Consent for Mental Health Records Search**

Complete Part One of the form.

### **Page 4-IdentoGo / Fingerprinting Procedure**

Read and follow all directions on this form. You will need to go the IdentoGo center to be fingerprinted. An appointment can be made by phone or on line at the IdentoGo Web Site. They will collect payment and forward your fingerprint results back to our department allowing us to complete your background check. **Page 4 will be collected by IdentoGo at the time of fingerprinting.**

**Pages 1 through 3 must be turned in to Gilda Stanlaw at the South Brunswick Police Department, Monday through Friday between 8:30 am and 4:30 pm. I am not available between the hours of 1:30 – 2:30 pm. 732-329-4000 x7496**

**“Please call” before arriving to be sure I will be available to help you.**

Once your background check is complete, you will be notified by mail that you're Firearms ID Card/Permit to Purchase are ready for pick up. At that time, you will pay \$5.00 for the ID Card and \$2.00 for each Permit to Purchase. This payment can be made by personal check or exact change.

If you have any questions:

Please call Gilda Stanlaw at 732-329-4000 Ext 7496

**Email:** [gstanlaw@sbtnj.net](mailto:gstanlaw@sbtnj.net)



STATE OF NEW JERSEY



Application for Firearms Purchaser Identification Card and/or Handgun Purchase Permit

This form is prescribed by the Superintendent for use by applicants for Firearms Purchaser I.D. Cards & Handgun Purchase Permits. Any alteration to this form is expressly forbidden.

Check Appropriate Block(s)

- Initial Firearms Purchaser Identification Card
Lost or Stolen Identification Card
Mutilated Identification Card
Change of Address on Identification Card
Change of Sex on Identification Card
Change of name on Identification Card
Application to Purchase a Handgun

Form fields for personal information: (1) NAME, (2) SOCIAL SECURITY NUMBER, (3) RESIDENCE ADDRESS, (4) HOME TELEPHONE, (5) DATE OF BIRTH, (6) AGE, (7) PLACE OF BIRTH, (8) DRIVER'S LICENSE NUMBER & STATE, (9) SEX, RACE, HEIGHT, WEIGHT, HAIR, EYES, (10) DIST. PHYSICAL CHARACTERISTICS, (11) U.S. CITIZEN, (12) NAME OF EMPLOYER, EMPLOYER'S ADDRESS & TELEPHONE, (13) OCCUPATION, (14) ADDRESS APPEARING ON FORMER FIREARMS IDENTIFICATION CARD, (15) N.J. FIREARMS ID CARD/SBI NUMBER, (16) Have you ever been convicted of any domestic violence offense..., (17) Are you subject to any court order issued pursuant to Domestic Violence?, (18) Have you ever been adjudged a juvenile delinquent?, (19) Have you ever been convicted of a disorderly persons offense..., (20) Have you ever been convicted of a crime in New Jersey..., (21) Do you suffer from a physical defect or disease?, (22) If answer to question 21 is yes, does this make it unsafe for you to handle firearms?, (23) Are you an alcoholic?, (24) Have you ever been confined or committed to a mental institution..., (25) Are you dependent upon the use of a narcotic(s) or other controlled dangerous substance(s)?, (26) Have you ever been attended, treated or observed by any doctor or psychiatrist..., (27) Have you ever had a firearms purchaser identification card, permit to purchase a handgun..., (28) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of force and violence...

(29) Names, Addresses and Telephone Numbers of two reputable persons who are presently acquainted with the applicant, other than relatives:
A.
B.

APPLICANT: DO NOT WRITE BELOW THIS SPACE
A non-refundable fee of \$5.00 for a Firearms Purchaser Identification Card (Initial Firearms Purchaser ID card only) and/or \$2.00 for each Permit to Purchase a Handgun, payable to the Superintendent of State Police or the Chief of Police in the municipality in which you reside, must accompany this application.
APPROVED
DISAPPROVED
GRANTED ON APPEAL
Reason for Disapproval
A. CRIMINAL RECORD
B. PUBLIC HEALTH SAFETY AND WELFARE
C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND
D. NARCOTICS/ DANGEROUS DRUG OFFENSE
E. FALSIFICATION OF APPLICATION
F. DOMESTIC VIOLENCE
G. OTHER (SPECIFY)

I hereby certify that the answers given on this application are complete, true and correct in every particular. I realize that if any of the foregoing answers made by me are false, I am subject to punishment.
(30) Signature of Applicant Date of Application
(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.)
Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.

APPLICANT: DO NOT WRITE BELOW THIS SPACE
This Day of , 20
Signature Title
Department of Police Municipal Code #



# CONSENT FOR MENTAL HEALTH RECORDS SEARCH

*This consent MUST be completed by the firearm applicant.  
Failure to consent requires denial or disapproval of the application.*



*N.J.S.A. 30:4-24.3 provides that all records of any individual's commitment to a non-correctional institution for mental health reasons shall be confidential and shall not be disclosed except in limited circumstances or with the consent of the individual.*

## PART ONE (To be completed by the applicant)

**Name:** (Last, Maiden, First, MI) \_\_\_\_\_ **Date of Birth:** (Month, Day, Year) \_\_\_\_\_ **Social Security #:** \*See Privacy Act Notice Below. \_\_\_\_\_

**Address:** (Number & Street) \_\_\_\_\_ (Municipality) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

**List Prior Addresses for past 10 years:**  NOT APPLICABLE

**ADDRESS 1:** Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_  
(Number & Street) \_\_\_\_\_ (Municipality) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

**ADDRESS 2:** Dates Resided From: \_\_\_\_\_ To: \_\_\_\_\_  
(Number & Street) \_\_\_\_\_ (Municipality) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

*I, \_\_\_\_\_ am aware of my rights under N.J.S.A. 30:4-24.3, and the Health Insurance Portability and Insurance Accountability Act (HIPAA), 45 C.F.R. 164-50, and consent to the disclosure of my mental health records, including disclosure of the fact that said records may have been expunged, to the Chief of Police and the Superintendent of State Police, or their designees, for the purpose of verifying my firearms permit application and my fitness to own a firearm under N.J.S.A. 2C:58-3. I understand that copies of this authorization shall be considered sufficient authorization for the release of records or for the disclosure of the fact of expungement.*

\_\_\_\_\_  
Investigating Police Department

\_\_\_\_\_  
Witness (Print Name)

**X** \_\_\_\_\_  
Signature of Witness

**X** \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\* Applicant's Social Security Number is requested pursuant to N.J.S.A. 2C:58-3(e) and disclosure is voluntary. The number will be used to expedite the application. Without this number, the processing of the application may be delayed. This number is considered confidential.

## PART TWO (To be completed by County Adjuster's Office, Mental Health Institution and/or Doctor)

	Record of Admission Commitment or Treatment	Date of Check	Signature of Authorized Official or Doctor <small>(Dr.: Provide Medical License #)</small>
_____ County Adjuster's Office	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____
_____ Institution or Doctor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expunged	_____	_____

## PART THREE (To be completed by authorized official or doctor only if applicant has record of admission, commitment, or treatment at a hospital, mental institution or sanitarium for a mental disorder)

NAME OF HOSPITAL, MENTAL INSTITUTION OR SANITARIUM	ADMISSION <small>(mo/day/yr)</small>	DISCHARGE <small>(mo/day/yr)</small>	SIGNATURE OF AUTHORIZED OFFICIAL OR DOCTOR
_____	_____	to _____	_____
_____	_____	to _____	_____

*Additional forms may be obtained through the New Jersey State Police, Firearms Investigation Unit,  
P.O. Box 7068, West Trenton, NJ 08628-0068, or via the internet at [www.njsp.org/info/forms.html](http://www.njsp.org/info/forms.html).*

(1) Originating Agency Number (ORI #) <b>NJ0122100</b>		(2) Category <b>FIR</b>	(3) Statute Number <b>2C:58-1 THRU 4.1</b>		
(4) Reason for Fingerprinting <b>FIREARMS LICENSING</b>			(5) Document Type <b>B1</b>	(6) Payment Information <b>\$52.66</b>	
(7) Contributor's Case # (Unique Identifier) <b>SB1001</b>			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both	(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White ( Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown		
(25) Occupation / Position (with respect to Requirement)	(26) Employer / Organization Name (with respect to Requirement)				
	Employer Address				
	City		State	Zip	
<b>Identification Requirement</b> - Acceptable Identification must be presented at the <u>time of printing</u> . Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).					

**Please READ This Form Carefully:**

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG\_NJAPP\_020115\_V2, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

**Payment:**

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover, and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

**Cancel/ Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.70) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**Unable to be Fingerprinted:**

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_020115\_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.70) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**PCN and Receipts:**

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: <b>SOUTH BRUNSWICK PD</b>		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**